



**AUTONOMY,  
ACCOUNTABILITY  
&  
ASSERTIVENESS  
IN NURSING.**

**BY: Ms. PRIYANKA BANSAL  
Lecturer, Prakash Institute.**

# AUTONOMY

- Autonomy is derived from a Greek word “Autos” means “Self” and “Nomos” means “Laws”. The right of self government acting independently or having the freedom to do so. It’s the right of personal freedom of action, which is regarded as one of the hall marks of the profession.



- Nurses have ethical obligation to their clients and to the agency that employs them, thus balancing the clients need for autonomy with family members responsibilities for the clients well being.
- As nurses move towards more autonomous practice, the professional responsibility increases and nurses become more accountable for their clinical decision making.



## DEFINITION:

- According to **Lewis & Batey (1982)**:

*It's the freedom to make discretionary and binding decisions consistent with ones scope of practice and freedom to act on those decisions.*



## AUTONOMY FOR CLIENTS:

- The agreement to respect autonomy involves the recognition that clients are “in charge of their, own destiny in matters of health and illness”.
- For e.g.- The preoperative consent.



# AUTONOMY IN NURSING PRACTICE:

- Nurses attain increased autonomy through higher levels of education. In changing health care system, advance practice, nurses are increasingly taking independent roles in nurse run clinics, collaborative practice and advance nursing practice settings.
- Innovation by nurses, increased productivity, higher retention and greater client satisfaction are results of autonomy
- *With increase autonomy, comes greater responsibility and accountability.*



# BARRIERS OF NURSING AUTONOMY

- Lack of recognition and valuing of nursing knowledge and contribution to patient care goals by physicians and other members of health care team.
- Inability to raise and resolve concerns about treatment plan.
- Interruptions to the nurse's ability to access, coordinate resources for the patient care.
- Relationship with nursing colleagues, physicians and managers that undermine collaboration, confidence and shared decision making.



# ENHANCING AUTONOMY IN NURSING

- Organizing medical and teaching rounds.
- Clearing, addressing and identifying expectations practiced for verbal medication orders and cover order and unique situations in the particular units, that evoke issues related to practice.
- Developing protocol for administration of the medications and decisions regarding particular procedures.
- Supporting continuing education and a climate of enquiry and learning in everyday practice.
- Enhancing clinical knowledge fosters competence and clinical expertise that strengthen autonomous decision making.





- Autonomous nursing practice depends on mutually respectful relationships with nursing colleagues and other healthcare personals.
  
- Autonomy can be successfully enhanced by crossing over 4 C's:
  - Climate
  - Competence
  - Confidence
  - Commitment



# ACCOUNTABILITY

- Accountability must become a structured component of nursing practice which provides tangible evidence of evaluation & decision making in regard to nursing within health care.
- Manifesting accountability in nursing practice provides the opportunity to evaluate nursing contribution within health care and is a means of clarifying the significance of nursing to society.

# DEFINITION

- According to **Sullivan and Deekan,**

*Accountability is being responsible for one's actions and accepting the consequences of one's behavior. Accountability is not a vague feeling or an obscure concept. It is a clear obligation which must be manifested as a structured component of nursing practice, based on responsibility, authority and autonomy.*

- *Accountability is a sense of overriding concern for nursing care, while responsibility is the sense of duty in performing special tasks.*



# HIERARCHY OF ACCOUNTABILITY:

- Individual level
- Institutional level
- Professional level
- Societal level




# LINES OF ACCOUNTABILITY

- **UPWARD:** accountability (looking up the line and doing what managers and administrators require)
- **LATERAL:** accountability (accountability as a self-regulation, in which practitioners are accountable to and judged by, criteria set by their peers).
- **DOWNWARD OR PUBLIC ACCOUNTABILITY:**  
Where staff are accountable for/to patients.



## TYPES OF NURSING ACCOUNTABILITY

- **Fiscal Accountability:** This accountability is concerned with financial probity and the ability to trace and adequately explain expenditure.
  - **Process Accountability:** This accountability is concerned with the use of proper procedures.
  - **Programme Accountability:** It is concerned with the activities undertaken and their quality.
  - **Priorities Accountability:** This deals with the relevance or appropriateness of chosen activities.
- 

## ACCOUNTABLE FOR WHAT

- You can only be accountable for which you are responsible, and you can only be responsible for those things which are clearly designated as accepted as your responsibility.



# ACCOUNTABLE TO WHOM

- Nurses are accountable to **nursing council**.
- This relates to practicing within scope of practice, according to register or roll in which your name is entered, and being accountable for your professional conduct.
- The nursing council's code of conduct for nurses and midwives further outlines professional accountability in terms of ethics, standards of practice, rights of patients/clients and justifying public trust and confidence.





## REASONS FOR LACK OF ACCOUNTABILITY

- Job description not available.
- Lack of guidelines, standards and control.
- Authority not specified.
- Overburdened staff due to shortage of staff.
- Lack of adequate training and efficient experience.
- Lack of up to date knowledge, skill and competence.
- Unwilling.
- Inadequate supervision by ward managers.
- Outdated policies, protocols & procedures.
- Lack of decision making.



# WAYS FOR ENHANCING ACCOUNTABILITY IN NURSING

- Well defined duties and job description.
- Written policies, protocols and procedures.
- Nursing audit and standards of practice.
- Proper delegation of responsibilities.
- Proper training and education of the self.
- Periodical evaluation of each individual's nursing practice.
- Refine and modify outdated policies and procedures.
- Conducive working environment.
- Availability of adequate number of personnel and resources for patient care.



# ASSERTIVENESS

- Assertiveness is a particular form of control. It is not about power. It is better described as the art of confident, clear, honest and direct communication, while at all times retaining respect for other people.
- Assertiveness is non aggressive, non defensive and non manipulative and it does not interfere with other people's freedom to take an assertive stance or make appropriate decisions.



# CHARACTERISTICS OF ASSERTIVENESS

A person wearing glasses, with their hands clasped in front of them, set against a blue background. The person's face is partially visible, and they appear to be looking towards the camera. The background is a solid blue color.

- ❖ Self presentable
- ❖ Ability to share
- ❖ Good attitude towards work
- ❖ Fearless expression
- ❖ Straight forwardness
- ❖ Self control

# ASSERTIVE COMMUNICATION

- It is a way of communicating that allows people to express themselves, direct, honest and appropriate ways that don't infringe on another person's right. A person's position is expressed clearly and firmly using "I" statements.



# ASSERTIVE BEHAVIOR

- Standing up for one's right no matter what the circumstances.
- Correcting the situation when one's rights are violated.
- Seeking respect and understanding for one's feelings about particular situation.
- Interacting in a mature manner with those found to be offensive, defensive, aggressive, hostile, blaming, attacking or otherwise unreceptive.
- Those using assertive behavior confront problems, disagreement, or personal discomforts head on, and their intent is unmistakable to others.
- Verbal "I" statements, where individuals tell others how they feel about a situation, circumstances, or the behaviors of others.



- Taking the risk of being misunderstood as aggressive, abrasive, or attacking.
- Being able to protect ones rights while protecting and respecting the rights of others.
- Risk taking behavior that is not ruled by fear of rejection or disapproval but is directed by the rational belief that “I deserve to stand up for my rights”.
- Rational thinking and self affirmation of personal worth, respect and rights.
- A healthy style in which to conduct interpersonal relationship.
- Finding a win- win solution in handling problems between two individuals.



## SUMMARY

- **Autonomy** is the state of being independent of having responsibility, authority and accountability for one's work and personal time.
- **Accountability** means being answerable for work, decisions about work and being professionally responsible for the standard of practice.
- **Assertiveness** is the ability to, “say yes or no”, when you want freedom to be yourself in all circumstances.



# CONCLUSION

A good decision is one that is in the interest of the human beings, and at the same time preserves the integrity of all involved. As nurses move towards more autonomous practice, the professional responsibility increases and nurses become more accountable for their clinical decision making.

Today's nurse is continuously confronted with an influx of new theories and technologies designed to facilitate and the treatment of those who seek restoration of health. In order for nurses to grow and develop as a profession based on sound theoretical foundations, nurses need to examine what it means to be truly accountable and assertive.

# BIBLIOGRAPHY

## BOOKS

- Vestal, K.W. Nursing Management: Concepts and issues, 2<sup>nd</sup> ed. Philadelphia: Lippincott, 1995, pp. 87-100.
- Bowman, Michael. The Professional Nurse, 1<sup>st</sup> ed. London: Chapman and Hall, 1995, pp. 64-84.
- Potter, Patricia A. Fundamentals of Nursing, 7<sup>th</sup> ed. Elsevier, 2009, pp. 9, 315.
- Erb, Glenora Lea, Kozier, Barbara. Fundamentals of nursing concepts, Process and Practice, Pearson, 2009, pp. 85, 516.

## WEBSITES

- <http://www.ncbi.nlm.nih.gov/pubmed/20735503>
- <http://www.bellaonline.com/articles/art57183.asp>
- <http://www.123helpline.com/preview.asp?id=50734>
- <http://aswiley.com/wileyCDA/wileyTitle/productedcd-0632064>

**THANK YOU!**

